REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

, no persons are required to		on unless it displays a valid OMB control number.		
HDRAWAL R AGENT	Application Number	09/553.877		
	Filing Date	April 20, 2000		
	First Named Inventor	Gerald Peters		
	Group Art Unit	2768		
	Examiner Name	T. Hafiz		
	Attorney Docket Number	091164-9069		

3623

To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified patent application. RECEIVED The reasons for this request are: JUN 2 5 2002 Technology Center 2100 Client hired another patent attorney. 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: **CORRESPONDENCE ADDRESS Customer Number** Place Customer Number Bar Code Label here OR Firm or V. Randall Gard, Esq. / Carr & Ferrell LLP Individual Name

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Telephone	(650) 812-3400	Fax	Fax (650) 812-3444			
all the attorney the attorney the attorney	made on behalf of myself and neys/agents of record, ys/agents (with registration numbers) l ys/agents associated with Customer N osed in triplicate (including any attach	lumber		s), or 	·	(
Name	Robert S. Beiser, Esc	4 •				
Signature	Robert S. Reises				-	

NOTE: Withdrawal is effective when approved rather than when received.

02

Address Address

Date

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.